Cooperation Between Men and Women

TO THE EDITOR: I feel compelled to comment on the article by E. R. W. Fox concerning the superiority of women.[1] Why attack the aggressive nature of men and promote conflict when so much is to be gained by cooperation instead? Nearly all areas of human endeavor stand to benefit from a more even mix of men's analytical and women's verbal skills. Medicine in particular is making great progress by the increasing influx of women (my medical school class is composed of over 40% women). At a time when people are fed up with increasing technology and depersonalization of health care, the female contribution is saving the field through communication and compassion.

Surely, a similar essay on the superiority of men could also be written. I assume we agree that its publication would be inappropriate.

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Physical Examinations for Physicians

TO THE EDITOR: With regard to the article by Wells and co-workers on health screening of physicians,[1] the Palo Alto Medical Clinic requires its physicians to have annual physical examinations. Enforcement of this rule is simple and effective: if you don't do it, you don't get paid.

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Blood Loss After Thrombolytic Therapy

TO THE EDITOR: Clinical information comes from many sources including undesirable and unexpected side effects of drugs. Bleeding associated with anticoagulant therapy may herald unsuspected bladder or bowel carcinoma. We report a case in which bleeding with the thrombolytic agent streptokinase resulted in the diagnosis of large bowel carcinoma.

Report of a Case

A 63-year-old man presented to hospital with a complaint of swelling and pain in the lower right leg. A contrast venogram was carried out and showed a deep venous thrombosis in the right popliteal vein with extension of the clot to the pelvis. The patient had been in good health and review of systems was negative. He said there had been no signs of gastrointestinal bleeding.

Streptokinase therapy was instituted, consisting of 250,000 units given in an intravenous bolus, followed by 100,000 units per hour. Ten hours after the streptokinase therapy was started, large amounts of bright red blood began to pass through the patient's rectum. Streptokinase administration was discontinued. On subsequent evaluations, a well-differentiated adenocarcinoma arising in a villous adenoma of the sigmoid colon was found. An anterior sigmoid colon resection was done and a Duke's C lesion was found. Postoperatively he received minidose heparin therapy, then coumadin without complications. Eight months postoperatively he is doing well without evidence of metastases or recurrence of phlebitis.

Bleeding has often led to the diagnosis of a previously unsuspected anatomic lesion following anticoagulation with heparin or coumadin.[1,2] The use of thrombolytic agents generally carries a much greater risk of bleeding,[3] but it is unclear as to how often the bleeding is related to a preexisting important anatomic lesion such as colon cancer. We have cited one case in which a relatively new coagulation intervention led inadvertently to an important diagnosis. Further experience should help us decide whether gastrointestinal or genitourinary blood losses associated with such therapy require evaluation as is currently the case with heparin and coumadin administration.

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Therapeutic Pelvic Examination

TO THE EDITOR: Unusual pelvic pain relieved by pelvic examination has been reported previously.[1] The mechanism whereby the pain was relieved, however, is uncertain.[2] I report a case of pelvic pain unlike those previously reported which was successfully treated by pelvic examination.

Report of a Case

A 36-year-old woman (gravida 2, para 2) presented with severe menstrual cramps on the third day of her menstrual period. Her previous period had been unremarkable and the current period started exactly on the day she expected it. Her menstrual flow, however, was notably reduced compared with her usual periods. There was no fever, vaginal discharge or gastrointestinal or urinary tract symptoms.

On physical examination there was moderate suprapubic tenderness. Pelvic examination showed a small amount of blood in the vagina and what appeared to be a clot in the cervix. Findings on bimanual palpation of the adnexa were unremarkable. On bimanual examination of the uterus a small clot was dislodged from the uterine cervix followed by a deluge of uterine menstrual flow which splattered over the examiner's pants and shoes. At this time the patient spontaneously remarked on how miraculously her pain had vanished. Results of analysis of urine and urine pregnancy tests were negative. Pathologic examination showed only the blood clot.

Admittedly without incontrovertible evidence, I submit that this patient's pelvic pain was due to an obstructive blood clot at the uterine cervix which prevented her from having her normal uterine flow. The pelvic examination, on dislodging